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| SOLICITATION, OFFER AND AWARD | | 1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | | RATING | PAGE 1 OF 1 |
| 2. CONTRACT NUMBER | 3. SOLICITATION NUMBER TIRNO-05-R-00001 (Draft) | | 4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP) | 5. DATE ISSUED 12/16/2004 | 6. REQUISITION/PURCHASE NO. P-4-P2-03-RT-A01 000 |
| 7. ISSUED BY Internal Revenue Service 6009 Oxon Hill Road, Suite 500 Oxon Hill, MD 20745 | | | CODE IRS0088 | 8. ADDRESS OFFER TO (If other than Item 7) Internal Revenue Service Constellation Centre 6009 Oxon Hill Road Oxon Hill, MD 20745 | |
| | | | CODE | 20745003 | |

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder"

SOLICITATION

9. Sealed offers in original and 1 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in _____ until 11:00 AM (Hour) local time TBD (Date).

CAUTION — LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

| | | | | |
|---------------------------|--------------------------|---------------------------------|------------------------|-------------------|
| 10. FOR INFORMATION CALL: | A. NAME LEE, PAMELA T | B. TELEPHONE (NO COLLECT CALLS) | | C. E-MAIL ADDRESS |
| | | AREA CODE | NUMBER 202-283-1291 | |

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| X | A | SOLICITATION/CONTRACT FORM | | X | I | CONTRACT CLAUSES | |
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OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

| | | | | | |
|---|------------------|--|--------------------|---|-----------------|
| 13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232-8) | | 10 CALENDAR DAYS % | 20 CALENDAR DAYS % | 30 CALENDAR DAYS % | CALENDAR DAYS % |
| 14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated): | | AMENDMENT NO. | DATE | AMENDMENT NO. | DATE |
| | | | | | |
| | | | | | |
| 15A. NAME AND ADDRESS OF OFFEROR | CODE 00055905 | FACILITY | | 16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print) | |
| TO ALL INTEREST VENDORS | | | | | |
| 15B. TELEPHONE NUMBER AREA CODE NUMBER EXT. | | 15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE. | | 17. SIGNATURE | 18. OFFER DATE |

AWARD (To be completed by Government)

| | | | | |
|---|--|--|----------------------------------|----------------|
| 19. ACCEPTED AS TO ITEMS NUMBERED | | 20. AMOUNT | 21. ACCOUNTING AND APPROPRIATION | |
| 22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c) () <input type="checkbox"/> 41 U.S.C. 253(c) () | | 23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified) ITEM | | |
| 24. ADMINISTERED BY (If other than Item 7) CODE | | 25. PAYMENT WILL BE MADE BY CODE | | |
| | | | | |
| 26. NAME OF CONTRACTING OFFICER (Type or print) | | 27. UNITED STATES OF AMERICA (Signature of Contracting Officer) | | 28. AWARD DATE |

IMPORTANT -- Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.